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## BIB DATA SHEET

CONFIRMATION NO. 5063

|  |   |                               |   |  |                                |
|--|---|-------------------------------|---|--|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/743,557   | <b>FILING or 371(c) DATE</b><br>12/22/2003<br><b>RULE</b>   | <b>CLASS</b><br>514           | <b>GROUP ART UNIT</b><br>1616   | <b>ATTORNEY DOCKET NO.</b><br>0103343.00128US1 |                                |
| <b>APPLICANTS</b><br>Khalid K. Sadozai, Shrewsbury, MA;<br>Tamera B. Gooding, Jamaica Plain, MA;<br>Kyle Bui, North Andover, MA;<br>Charles H. Sherwood, Sudbury, MA;<br><b>** CONTINUING DATA *****</b><br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>04/01/2004 |   |                               |   |  |                                |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and <u>/COURTNEY A BROWN/</u><br>Acknowledged <u>Examiner's Signature</u>  | <input type="checkbox"/> Met after Allowance<br><u>Initials</u>   | <b>STATE OR COUNTRY</b><br>MA | <b>SHEETS DRAWINGS</b><br>7   | <b>TOTAL CLAIMS</b><br>48                      | <b>INDEPENDENT CLAIMS</b><br>7 |
| <b>ADDRESS</b><br>WILMERHALE/BOSTON<br>60 STATE STREET<br>BOSTON, MA 02109<br>UNITED STATES  |   |                               |   |  |                                |
| <b>TITLE</b><br>Crosslinked hyaluronic acid compositions for tissue augmentation   |   |                               |   |  |                                |
| <b>FILING FEE RECEIVED</b><br>1748   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                                |